

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1445025					
OMB APPR	OVAL				
OMB Number:	3235-0076				
Expires:					
Estimated average	e burden				
hours per respon-	se16.00				

SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						

Name of Offering (
Alloy Global Fund, L.P.	in A
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	☐ ULOE Mail Processing Section
A. BASIC IDENTIFICATION DATA	85F 09 200 H
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Alloy Global Fund, L.P.	Washington, DC 101
Address of Executive Offices (Number and Street, City, State, Zip Code) 106 Mission Court, Suite 404, Franklin, TN 37067	Telephone Number (Including Area Code) (615) 778-1788
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Private investment partnership	PROCESSED
business trust limited partnership, to be formed	SEP 1 2 2008 THOMSON RELITERS
Month Year Actual or Estimated Date of Incorporation or Organization: OT7 OT8 Actual Estivation of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	mated :: DE

GENERAL INSTRUCTIONS

Gadaral

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA										
2. Enter the information requested for the following:										
• Each promoter of the issuer, if the issuer has been organized within the past five years;										
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer										
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and										
• Each general and managing partner of partnership issuers.										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Full Name (Last name first, if individual)										
Alloy Capital Management, LLC										
Business or Residence Address (Number and Street, City, State, Zip Code) 106 Mission Court, Suite 404, Franklin, TN 37067										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Full Name (Last name first, if individual) Jon Gillett										
Business or Residence Address (Number and Street, City, State, Zip Code)										
106 Mission Court, Suite 404, Franklin, TN 37067										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Full Name (Last name first, if individual) Jonathan H. McAdams										
Business or Residence Address (Number and Street, City, State, Zip Code)										
106 Mission Court, Suite 404, Franklin, TN 37067										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)										

B. INFORMATION ABOUT OFFERING												
										Yes	No 🚍	
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.								X				
Answer also in Appendix, Column 2, if filing under OLOE. 2. What is the minimum investment that will be accepted from any individual?								s 1.0	00,000,00			
2. What is the minimum investment that will be accepted from any individual:									Yes	No		
	ne offering										K	
commi If a per or state a broke	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
Full Name ((Last name	first, if indi	ividual)									
Business or	Residence	Address (N	lumber and	l Street, Ci	ity, State, Z	ip Codc)						
Name of As	and the desired De	alaa aa Da	-1									. <u>-</u>
Name of As	sociated Bi	oker or De	aier		•							
States in W												
(Check	"All States	or check	individua!	States)				***************************************			☐ AI	1 States
IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Name	(Last name	first, if indi	ividual)		· · · · ·							
Business o	r Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Name of As	sociated Bi	oker or De	aler							<u> </u>		
States in W	hich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
(Check	"All States	" or check	individual	States)	***************************************			***************			☐ A1	l States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name	(Last name	first, if indi	ividual)									
Business o	r Residence	Address (1	Number an	d Street, C	city, State, 2	Zip Code)						
Name of Associated Broker or Dealer												
States in W	hich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers		. .				-
(Check "All States" or check individual States)								☐ Al	l States			
AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Type of Security	Aggregate Offering Pric	
	Debt	c	•
	Equity	-	
	Common Preferred	4	<u> </u>
	Convertible Securities (including warrants)	s 0.00	0.00 \$
	Partnership Interests	• 100.000.00	'
	Other (Specify)	• 0.00	s 0.00
	Total	• 100,000,00	
		J	<u> </u>
_	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		
	Non-accredited Investors	1	\$_35,300.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	******	
	Legal Fccs		\$
	Accounting Fees	******	s
	Engineering Fees	*****	\$
	Sales Commissions (specify finders' fees separately)		_
	Other Expenses (identify)		

	C. OFFERING PRICE, NUMI	BER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS							
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."		is	\$100,000,000.00						
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	d								
			Payments to Officers, Directors, & Affiliates	Payments to Others						
	Salaries and fees	. 🗆 💲 0.00	□ \$ <u>0.00</u>							
	Purchase of real estate		. s 0.00	\$ 0.00						
	Purchase, rental or leasing and installation of mac	\$ <u></u>								
	Construction or leasing of plant buildings and fac-			s 0.00						
	Acquisition of other businesses (including the val- offering that may be used in exchange for the asse issuer pursuant to a merger)	ts or securities of another	\$ <u></u>	\$_0.00						
	Repayment of indebtedness		\$ <u>0.00</u>	S 0.00						
	Working capital		. s 0.00	S 0.00						
	Other (specify): Estimated Management Fee, w	\$ 22,353.00	\$ 2,212,947.00							
	(1% annually); Performance Fee may also be charged but is not included in estimate because									
	of contingent nature of fee. Investment Capital.	. 🔲 \$	<u></u> \$							
	Column Totals		_							
	Total Payments Listed (column totals added)		. \(\bigsiz \bigsiz \frac{2}{1}	235,300.00						
Г		D. FEDERAL SIGNATURE								
sig	c issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Comm	ission, upon writte							
Iss	uer (Print or Type)	Signature	Date							
ΑII	oy Global Fund, L.P.	1/19/1	September 2, 20	800						
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)								
Nac	dya Marinin	Administrator for Alloy Global Fund, L.P.								

END

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)